

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2021 - 187 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Candice N. Williams

Telephone:

803-394-3934

Address: 4 Barberrry lane

Fax:

Columbia SC 29212

Other:

Email: Candygylw@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 5/28/2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Royal Riders LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

4 Barberrry Lane
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-394-3934
Phone Fax

Candygrr1w@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>	<u>Liabilities:</u>
Value of Real Estate	Mortgage/Loan on Real Estate
Value of Motor Vehicles	Loans Owed on Motor Vehicles
Cash on Hand	Business/Other Loans Owed
Cash in Bank	Other Liabilities or Debts
Value of Other Assets and Equipment	Total Liabilities
Total Assets	

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

200/mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
2011	Dodge Caravan			

Exhibit Fit, Willing, and Able (FWA)Candice Williams

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 101 EXECUTIVE CENTER DRIVE, SUITE 100
 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Randee Williams
 Applicant's Signature

Owner
 Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Saluda)

SWORN TO BEFORE ME

This 10th day of June, 2021

[Signature]
 Notary Public

Commission Expires June 10, 2030

AMELIA OLSEN
 Notary Public - State of South Carolina
 My Commission Expires June 10, 2030

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Royal Riders LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 22nd, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 24th day
of May, 2021.


Mark Hammond, Secretary of State

Lisa Soto

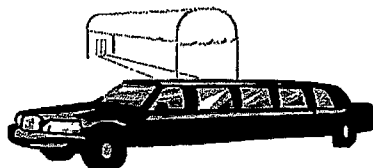
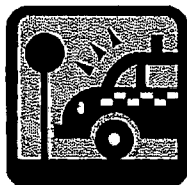
2003 W. KENNEDY BLVD. TAMPA, FL. 33606

TEL 813-251-4900 EXT. 234 FAX 813-253-2676

Email: professional-insurance@piconline.com

WWW.CARPROINSURANCE.COM

**PROFESSIONAL
INSURANCE CENTER, INC.**



☐ Fax ☒ E-Mail

To: CANDICE WILLIAMS

/DBA: ROYAL RIDERS LLC

Fax:

From: Lisa Soto

E-Mail: CANDYGYRLW@GMAIL.COM

Date: 06/04/2021

Re: Insurance Application Package

Pages:

➤ Urgent Please Reply As Soon As Possible

Dear Candice,

Thank you for the opportunity to write your insurance coverage with our agency. The insurance limits and coverage's you requested are on the Insurance applications attached. In order for us to bind the coverage, we must complete the following steps:

PLEASE READ ALL FORMS BEFORE SIGNING.

- ☐ Please review the information contained in the attached documents and applications for accuracy. Please make any necessary changes that are necessary for the information to be complete and correct. Please initial and date any of these changes. If there are any coverage changes please contact us.
- ☐ When checking the insurance application and accompanying documents for correct information pay special attention to the vehicle and drivers information, making sure to list all of them with correct VIN numbers, values and driver's license numbers for drivers. When these documents are correct, please **SIGN, DATE, INITIAL, AND COMPLETE** the areas indicated. Please READ all pages carefully.
- ☐ If you have chosen to finance your premium, please review, sign and date the enclosed finance agreement in the appropriate area.
- ☐ The initial premium deposit is in the amount of \$_____, (this is reflected on the finance agreement and must be received by our office prior to binding. Since the deposit is necessary for binding, this amount may be conveniently paid by "check by fax".

- ☐ The deposit amount may be faxed to us along with the application package and finance agreement by following the instructions for payment by "check by fax" which follows, and completing the "check by fax" form attached.

Please note we cannot bind the requested coverage until all signed documents, necessary information, and deposit premium have been received by either fax, e-mail or mail in our office.

Please send all documents that you fax or e-mail to us with the original signatures to our office along with copies of your vehicles registration(s), (or temporary registration(s),) by regular mail within 10 days of binding.

The premium deposit method of "Check By Fax" requires the following on the Premium Payment by Fax form:

1. Make out a complete business check payable to Professional Insurance Center, Inc in the amount of the premium deposit. Please date and sign the check as though you were mailing or presenting the check.
2. Please attach your completed check to the form in the appropriate space and fax back to our office.
3. Please sign the form in the appropriate place in the same manner as you signed the check.
4. Please fax the form along with the application and other documents to our office, as it is necessary for binding.

If you have any questions concerning any of the documents, insurance coverage's, procedures or information contained in this document package, please do not hesitate to contact me or any member of my staff for assistance.

We really do appreciate your business.

Submitted,

Lisa Soto

Lisa Soto

Professional Insurance Center
2003 W Kennedy Blvd
Tampa, Florida 33606
(813)251-4900 EXT 234
FAX (813)253-2676



Professional Insurance Center, Inc.

Fax: 813-251-2676
Tel: 813-251-4908
Toll Free: 800-926-1212
Professional-Insurance@PICONLINE.COM
2803 W. Kennedy Blvd.
Tampa, FL 33606

Premium Payment by Fax

Agency name: Professional Insurance Center
Insured Name: ROYAL RIDERS LLC
Checking A/C# _____

Date: _____
Policy# _____
Amount: \$ 2,549.50

\$2,549.50

Place your check here (face-up)

Payable to Professional Insurance Center, Inc.

Please do not send your original check.
Keep your original check for your records.

Thank you

This check authorizes Professional Insurance Center to charge our bank account per the attached check.



(Signature)



CHECKS MUST BE IN BUSINESS NAME / YOUR NAME : NO TEMPORARY CHECKS WILL BE ACCEPTED

401 E JACKSON STREET
SUITE 1250
TAMPA, FL 33602
(866)412-2452 FAX: (813)886-3988
CUSTOMER SERVICE: (866)412-2452

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

A	CASH PRICE (TOTAL PREMIUMS)	\$10,198.00	AGENT (Name & Place of business) PROFESSIONAL INSURANCE CENTER, INC.	INSURED (Name & Residence or business) ROYAL RIDERS LLC 4 BARBERRY LN
B	CASH DOWN PAYMENT	\$2,549.50	2003 W KENNEDY BLVD	COLUMBIA, SC 29212 (803)394-3934 CANDYGYRLW@GMAIL.COM
C	PRINCIPAL BALANCE (A MINUS B)	\$7,648.50	TAMPA, FL 33606-1563 (813)251-4900 FAX: (813)253-2676	

Commercial

Account #:

LOAN DISCLOSURE

Quote Number: 15968135

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
11.066%	\$393.30	\$7,648.50	\$8,041.80

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
10	\$804.18		MONTHLY 07/05/2021

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	06/05/2021	NEW YORK MARINE & GENERAL INS CO AMERICAN BUSINESS INSURANCE	COMMERCIAL AUTO	0.000%	12	10,198.00
Broker Fee:						\$0.00
TOTAL:						\$10,198.00

The undersigned Insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the Insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named Insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1. **SECURITY:** To secure payment of all amounts due under this Agreement, Insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. 2. **POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified, receive all sums assigned to its Lender or in which it has granted Lender a security interest and to execute and deliver on behalf of the Insured documents, instruments, forms and notices relating to the listed insurance policies in furtherance of this Agreement.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.



Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE

Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date.

4. AGREEMENT EFFECTIVE DATE: This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** If any of the following happens Insured will be in default: (a) a payment is not made when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against Insured, or (c) Insured fails to keep any promise the Insured makes in this Agreement; provided, however, that, to the extent required by applicable law, Insured may be held to be in default only upon the occurrence of an event described in clause (a) above. The acceptance by Lender of one or more late payments from the Insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the Insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If Lender cancels any insurance policy in accordance with the terms of this Agreement and applicable law, then the Insured shall pay Lender a cancellation charge equal to \$15.00 or the maximum amount permitted by law. If cancellation occurs, the Insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. (Not applicable in KY, NV, and VT) **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If Insured's check or electronic funding is dishonored for any reason, the Insured will pay to Lender a fee of \$30.00 or the maximum amount permitted by law. (Not applicable in AL and KY). **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the Insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the Insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The Insured agrees that Lender has no liability to the Insured if the policy(ies) is not reinstated and Lender may charge a reinstatement fee where permitted up to the maximum amount allowed by law. **10. ASSIGNMENT:** The Insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the Insured, and that all agreements made by the Insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The Insured agrees that the Insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the Insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender to the extent permitted by law if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money Insured owes under this Agreement. (Not applicable in KY) **14. LIMITATION OF LIABILITY:** The Insured agrees that Lender's liability to the Insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct (not applicable in KY). Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the Insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The Insured represents that (a) the Insured is not insolvent or presently the subject of any insolvency proceeding (or if the Insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the Insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the Insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. ADDITIONAL PREMIUM FINANCING:** Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the Insured or the Insured's agent with the Insured's express authorization, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount. **18. PRIVACY:** Our privacy policy may be found at <https://ipfs.com/Privacy>. **19. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the Insured and can only be changed in writing and signed by both parties except that the Insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the Insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of South Carolina will govern this Agreement. **20. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by Insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **21. WAIVER OF SOVEREIGN IMMUNITY:** The Insured expressly waives any sovereign immunity available to the Insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the Insured in immediately available funds, (2) the Insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the Insured's behalf, the Insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the Insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the Insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the Insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the Insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the Insured, (10) all material information concerning the Insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: ROYAL RIDERS LLC

4 BARBERRY LN COLUMBIA, SC 29212

Telephone Number: (803)394-3934

Name & Address of Account Holder (If different from above):

Telephone Number: () -

Email Address:

IPFS Use Only: Quote No.: 15968135

Debit Begins: 07/05/2021

IPFS
 401 E JACKSON STREET
 TAMPA, FL 33602
 Phone: (866)412-2452
 FAX: (813)886-3988

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ [] Checking or [] Savings

Financial Institution: _____ ABA #/Routing #: _____

Address (City, State, ZIP): _____ Acct No: _____

Number of Payments: 10 Payment Amount: \$804.18 First Payment Due: 07/05/2021

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. If the payment due date falls on a weekend or holiday, IPFS will debit the account on the following business day. I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ Date _____
 (Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: _____ DBA _____

ACH (Automated Clearing House) GUIDELINES & PROCEDURES

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form.
 - 1a. If form is electronically signed, keep for your records only and do not mail to IPFS.
2. IPFS Needs at least two business days before the next payment due date. If authorization is received less than two business days before the next payment due date, insured has to send in a payment for that period and IPFS will initiate debit transactions the following installment due date.

****Send back to:**

IPFS Corporation
401 E JACKSON STREET TAMPA, FL33602
Phone: (866)412-2452
FAX: (813)886-3988



32107 W. Lindero Cyn Rd, Ste 120
Westlake Village, CA 91361

INSURANCE PROPOSAL - Valid for 30 days only or until proposed effective date.

Quotation includes only the coverages listed below and does not necessarily provide the terms/coverages requested in your application.

Date: 06/03/21

Insured **Royal Riders LLC**

Producer: Professional Ins. Center, Inc. 0.075

Effective Date: 06/03/21

Insurance Company: New York Marine & General Ins Co

Expiration Date: 06/03/22

Company Rating: A- IX Admitted

Business Desc: Taxi Automobile Liability

Coverage	Limits	Symbol	Per Unit	# Units	Total Annual
Automobile Liability	\$1,000,000	10	\$10,182.00	1	\$10,182.00
Uninsured Motorist	\$25,000/\$50,000/\$25,000	10	\$16.00	1	\$16.00
Underinsured Motorist	No Coverage				
Personal Injury Protection	No Coverage				
Physical Damage (Comp or Specified Perils and Collision)	NO COVERAGE FOR COLLISION or DAMAGE TO YOUR CAR				
Premium					\$10,198.00
Total Premium, Taxes, and Fees					\$10,198.00

Premium will be financed.

Required Items to Bind Coverage

1. Completed, signed and dated Insurance application
2. Signed and dated Insurance quotation
3. Completed, signed and dated uninsured /underinsured motorist form
4. Completed, signed, initialed and dated no loss letter (if applicable)
5. Mechanical Inspections on units 15 years or older

This quotation is subject to the following terms and conditions:

A \$25.00 fee may be charged for NSF payments. A \$50.00 Reinstatement Fee may be charged if your policy goes into cancellation.

Terrorism, Assault, Battery are specifically excluded.

All drivers and vehicles must be reported in writing to and approved prior to being put on the road for coverage to apply.

This policy may be subject to a 25% Minimum Earned Premium or short-rate cancellation if you request the policy to be cancelled.

Minimum age requirement for drivers is 23 years old (23-24 must have a clean driving record).

Quote based on acceptable MVR(s). The carrier reserves the right to decline coverage and / or reject, exclude driver(s) if unacceptable MVR(s) discovered at binding.

This is a summary of coverage only. A full policy, terms, conditions, coverage and exclusions will be mailed to you post-binding.



By signing you agree to the coverage terms, pricing, and payment options stated on this proposal

Signature of Named Insured

Date

Agent Signature



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

06/03/2021

AGENCY Professional Ins. Center, Inc.-Net 2003 W. Kennedy Blvd. Tampa FL 33606		CARRIER New York Marine & General Ins Co COMPANY POLICY OR PROGRAM NAME Commercial Auto POLICY NUMBER		NAIC CODE
CONTACT NAME PHONE (AC No. Ext): 800-926-1212 FAX (AC No.): 813-253-2676 E-MAIL ADDRESS: CODE: SUBCODE:		UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION		PROGRAM CODE <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM CANCEL 12:01
AGENCY CUSTOMER ID: royalrider 142707				

LINE OF BUSINESS

INDICATE LINE OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input checked="" type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$	
<input checked="" type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$	
<input type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> TRUCKERS	\$	
<input type="checkbox"/> CRIME	\$		<input type="checkbox"/> UMBRELLA	\$	

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (if applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Royal Riders LLC 4 Barbary Ln Columbia SC 29212				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: 803-394-3934 WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				

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CONTACT INFORMATION


AGENCY CUSTOMER ID: royalrider 142707

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: Candice Williams		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
803-394-3934			
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	4 Barberry Ln	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Columbia	STATE: SC	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 29212			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
Non-fleet - 1 to 4 units					
Taxi operation					
New Venture					
					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK	
		%		%	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED	SEE ATTACHED SCHEDULE 45 (IF APPLICABLE)						LOCATION:	BUILDING:
BREACH OF WARRANTY							VEHICLE:	BOAT:
CO-OWNER							AIRPORT:	AIRCRAFT:
EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
LEASEBACK OWNER							ITEM DESCRIPTION	
LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ext):		FAX (A/C, No):		
REASON FOR INTEREST:	LIEN AMOUNT:		E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: royalrider 142707

EXPLAIN ALL "YES" RESPONSES				Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS		POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: royalrider 142707

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



JACOBS 125 (2016/03)



DATE (MM/DD/YYYY)

06/03/2021

AGENCY		CARRIER	NAIG CODE
Professional Ins. Center, Inc.-Net		New York Marine & General Ins Co	
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
		Royal Riders LLC	

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIVER INFORMATION

ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

[illegible]

* MARITAL STATUS / CIVIL UNION (if applicable)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES						Y/N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?						N
VEH #	NAME OF OTHER OWNER			VEH #	NAME OF OTHER OWNER	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)						N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?						N
No formal vehicle maintenance program.						
4. ARE ANY VEHICLES LEASED TO OTHERS?						N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)						Y
VEH #	DESCRIPTION		COST	VEH #	DESCRIPTION	COST
			\$			\$
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)						N
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?						N

ACORD 127 (2015/12)

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GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: royalrider 142707

EXPLAIN ALL "YES" RESPONSES	Y/N					
8. ANY HOLD HARMLESS AGREEMENTS?	N					
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	N					
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?	Y					
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	N					
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	Y					
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	N					
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 65 mph through 75 mph.</small>	Y					
<table border="1"> <tr> <td>DRV #</td> <td>DATE (MM/DD/YYYY)</td> <td>TYPE</td> <td>PLACE (CITY, STATE)</td> <td># YRS REV</td> </tr> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV	
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV		
15. HAS AGENT INSPECTED VEHICLES?	N					
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	N					
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? <small>If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) _____ % Please indicate how you utilize the devices (check all that apply):</small> <input type="checkbox"/> MONITOR DRIVER SAFETY <input type="checkbox"/> TRACK FUEL CONSUMPTION <input type="checkbox"/> MONITOR VEHICLE MAINTENANCE <input type="checkbox"/> MILEAGE TRACKING <input type="checkbox"/> LOCATION TRACKING <input type="checkbox"/> NAVIGATION <input type="checkbox"/> Describe: _____	N					
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$					

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	ModivCare 2602 S 47th Street Ste 101 Phoenix, AZ 85034 REFERENCE / LOAN #: _____		VEHICLE: _____ LOCATION: _____
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK REFERENCE / LOAN #: _____	EVIDENCE: <input type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)



AGENCY CUSTOMER ID: royalrider 142707

VEHICLE DESCRIPTION ☐ ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE: Dodge	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
	2010	MODEL: Grand Caravan	V.I.N.: 2D4RN5D12AR180505	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required In KY) 4 Barberry Ln		CITY Columbia	COUNTY	STATE SC	ZIP 29212	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
						1 - 8	0-50
FARTHEST TERMINAL				COST NEW			
				\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP/ OTC
FARM	SERVICE		NO- FAULT	UNINS MOTOR		FTW	COLL
RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L			
	AA	ST AMT	\$	\$	COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRICR	TOTAL PREM: \$			
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required In KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
FARTHEST TERMINAL				COST NEW			
				\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP/ OTC
FARM	SERVICE		NO- FAULT	UNINS MOTOR		FTW	COLL
RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L			
	AA	ST AMT	\$	\$	COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRICR	TOTAL PREM: \$			
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required In KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
FARTHEST TERMINAL				COST NEW			
				\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP/ OTC
FARM	SERVICE		NO- FAULT	UNINS MOTOR		FTW	COLL
RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L			
	AA	ST AMT	\$	\$	COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRICR	TOTAL PREM: \$			
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required In KY)		CITY	COUNTY	STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
FARTHEST TERMINAL				COST NEW			
				\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP/ OTC
FARM	SERVICE		NO- FAULT	UNINS MOTOR		FTW	COLL
RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L			
	AA	ST AMT	\$	\$	COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DRICR	TOTAL PREM: \$			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)



SIGNATURE

AGENCY CUSTOMER ID: royalrider 142707

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

SIGN HERE
ACORD 127 (2015/12)
SIGN HERE



AGENCY CUSTOMER ID: royalrider 142707

SOUTH CAROLINA COMMERCIAL AUTO **COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)
06/03/2021

AGENCY Professional Ins. Center, Inc.-Net		NAMED INSURED(S) Royal Riders LLC	
POLICY NUMBER	EFFECTIVE DATE	CARRIER New York Marine & General Ins Co	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input checked="" type="checkbox"/>	CSL <input checked="" type="checkbox"/> BI EA PER \$ 1,000,000			
	2 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 10 <input type="checkbox"/>	BI EACH ACCIDENT \$			
	3 <input type="checkbox"/> 8 <input type="checkbox"/>	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 <input type="checkbox"/> 7 <input type="checkbox"/>	DEDUCTIBLE \$	PHYSICAL DAMAGE		
ADDL PERSONAL INJURY PROTECTION	5 <input type="checkbox"/> 7 <input type="checkbox"/>	WORK LOSS \$ MED EXP \$	TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$
MEDICAL PAYMENTS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>	EACH PERSON \$	COMP / OTC	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>	
UNINSURED MOTORIST	2 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input checked="" type="checkbox"/>	CSL <input checked="" type="checkbox"/> BI EA PER \$ 25,000 BI EACH ACCIDENT \$ 50,000 PROPERTY DAMAGE \$ 25,000 \$ DED	SPECIFIED CAUSES OF LOSS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>	
UNDERINSURED MOTORIST	2 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	CSL <input checked="" type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ \$ DED	COLLISION	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>	
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS		STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF		COMP \$ SPEC C OF L \$ COLL \$
COVERED AUTO SYMBOLS (1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY			(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY		

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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SIGNATURE

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

ACORD 137 SC (2015/12)

Page 1

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Attach to ACORD 127 and/or 132
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IL U 007 09 20

SOUTH CAROLINA OFFER OF ADDITIONAL UNINSURED MOTORISTS COVERAGE AND OPTIONAL UNDERINSURED MOTORISTS COVERAGE

Policy Number:	Policy Effective Date:
Company:	Producer: American Business Insurance Services Inc.
Applicant/Named Insured: Royal Riders LLC	

A. Explanation Of Coverages

Automobile liability insurance coverage pays other motor vehicle drivers and their passengers for damages caused by you and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. Bodily injury coverage pays for bodily injuries to others inflicted by your motor vehicle. Property damage coverage pays for damages which your motor vehicle causes to other motor vehicles or property.

Under South Carolina law, an insurance company may refuse to write your automobile liability insurance for a number of reasons. If an insurance company decides to write your automobile liability insurance coverage, however, it must provide at least \$25,000 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide at least \$25,000 in property damage coverage for each accident you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25-50-25. These limits are commonly known as minimum limits. In order to drive your automobile upon the roads of this State, you must have at least these minimum limits of insurance, unless you post a satisfactory bond or pay a \$600 fee to drive uninsured. There is no requirement that an insurance company offer higher than the minimum limits of automobile liability insurance coverage. If your insurance company does offer more than the minimum limits, you will be required to pay an additional premium for those increased limits of protection.

An insurer that writes your automobile liability insurance coverage must also offer two additional coverages which will protect you in the event you are damaged in an automobile accident by an at-fault driver who either has no automobile insurance or whose automobile insurance liability limits are less than your damages in that accident. These coverages are termed additional uninsured motorist coverage and optional underinsured motorist coverage, respectively. You may also see them referred to as UM and/or UIM. If you decide to purchase either of these coverages, you will be required to pay an additional premium for each of these coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically provides uninsured motorist coverage of \$25,000/\$50,000/\$25,000. There is a \$200 deductible for uninsured property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits, up to the limits of the liability coverage you have purchased. The limits of additional uninsured motorists coverage which your insurance company is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those increased limits. You may not purchase uninsured motorists coverage with limits in excess of your liability limits.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance which is insufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy, and your insurance company is required to offer, optional underinsured motorist coverage in various limits up to the limits of liability coverage you have purchased. The limits of optional underinsured motorist coverage which your insurer is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those limits. You may not purchase underinsured motorist coverage with limits in excess of your liability limits.

If you reject optional underinsured or additional uninsured motorist coverages shown on this form and if you are involved in an automobile accident, that is not your fault, this form may be used by your insurance company as evidence against you if you make a claim for additional uninsured motorist coverage or optional underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or insurance agent within 30 days, your insurance company is required by law to add additional uninsured motorist coverage and optional underinsured motorist coverage, in the same limits as your automobile liability insurance, to your automobile insurance policy. You will be required to pay an additional premium for each of these coverages and your policy may be canceled for nonpayment of that additional premium.

In the future, if you wish to increase or to decrease your limits of additional uninsured motorist coverage or optional underinsured motorist coverage, you must contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or insurance company upon the renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, you may contact the Department of Insurance at:

Office of Consumer Services
South Carolina Department of Insurance
Capitol Center
1201 Main Street
Suite 1000
Columbia, South Carolina 29201

Post Office Box 100105 Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-mail Address: consumers@doi.sc.gov

B. Offer Of Additional Uninsured Motorists Coverage**1. Split Limits**

Minimum uninsured motorists coverage limits of \$25,000/\$50,000/\$25,000 are automatically provided by your insurance policy. If you select additional uninsured motorists coverage, an additional premium will be charged. The Schedules below indicate the premium charges for minimum and increased limits.

Split Limits Bodily Injury	Amount Of Increased Premium
\$25,000/\$50,000	\$
\$50,000/\$100,000	\$
\$100,000/\$200,000	\$
\$100,000/\$300,000	\$
\$250,000/\$500,000	\$
\$300,000/\$300,000	\$
\$500,000/\$500,000	\$
\$500,000/\$1,000,000	\$
\$1,000,000/\$1,000,000	\$
\$	\$

Split Limits Property Damage	Amount Of Increased Premium
\$25,000	\$
\$50,000	\$
\$100,000	\$
\$200,000	\$
\$300,000	\$
\$500,000	\$
\$1,000,000	\$
\$	\$

OR

2. Combined Single Limits

Minimum uninsured motorists coverage limit of \$75,000 is automatically provided by your insurance policy. If you select additional uninsured motorists coverage, an additional premium will be charged. The Schedule below indicates the premium charges for minimum and increased limits.

Combined Single Limit	Amount Of Increased Premium
\$75,000	\$
\$100,000	\$
\$200,000	\$
\$250,000	\$
\$300,000	\$
\$350,000	\$
\$500,000	\$
\$1,000,000	\$
\$	\$

3. Do you wish to purchase additional uninsured motorists coverage? ☐ Yes ☒ No

If your answer is "no", you must then sign here: _____

If your answer is "yes", then specify the limits you desire. These limits cannot exceed your automobile insurance liability limits.

I select: _____ / _____ / _____ Split Limits

OR

I select: _____ Single Limit

C. Offer Of Underinsured Motorists Coverage**1. Split Limits**

Your insurance policy does not provide any Underinsured Motorists Coverage. If you select optional underinsured motorists coverage, an additional premium will be charged. The Schedules below indicate the premium charges for minimum and increased limits.

Split Limits Bodily Injury	Amount Of Increased Premium
\$25,000/\$50,000	\$
\$50,000/\$100,000	\$
\$100,000/\$200,000	\$
\$100,000/\$300,000	\$
\$250,000/\$500,000	\$
\$300,000/\$300,000	\$
\$500,000/\$500,000	\$
\$500,000/\$1,000,000	\$
\$1,000,000/\$1,000,000	\$
\$	\$

Split Limits Property Damage	Amount Of Increased Premium
\$25,000	\$
\$50,000	\$
\$100,000	\$
\$200,000	\$
\$300,000	\$
\$500,000	\$
\$1,000,000	\$
\$	\$

OR

2. Combined Single Limits

Your insurance policy does not provide any Underinsured Motorists Coverage. If you select optional underinsured motorists coverage, an additional premium will be charged. The Schedule below indicates the premium charges for minimum and increased limits.

Single Limit	Amount Of Increased Premium
\$75,000	\$
\$100,000	\$
\$200,000	\$
\$250,000	\$
\$300,000	\$
\$350,000	\$
\$500,000	\$
\$1,000,000	\$
\$	\$

3. Do you wish to purchase optional underinsured motorists coverage? ☐ Yes ☒ No

If your answer is "no", you must then sign here _____

If your answer is "yes", then specify the limits you desire. These limits cannot exceed your automobile insurance liability limits.

I select: _____ Split Limits

OR

I select: _____ Single Limit

D. Applicant's Acknowledgment

By my signature, I acknowledge that I have read or I have had read to me the above explanations and offers of additional uninsured motorists coverage and optional underinsured motorists coverage. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorists coverage and optional underinsured motorists coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and the laws of the State of South Carolina.

My signature below further acknowledges that I understand the coverages as they have been explained to me, and the types and amounts of coverage marked on the preceding pages have been selected by me. This is the type and amount of insurance coverage I wish to purchase.

Type or Print Your Name: _____

Your Signature: _____

Your Address: _____

Today's Date: _____